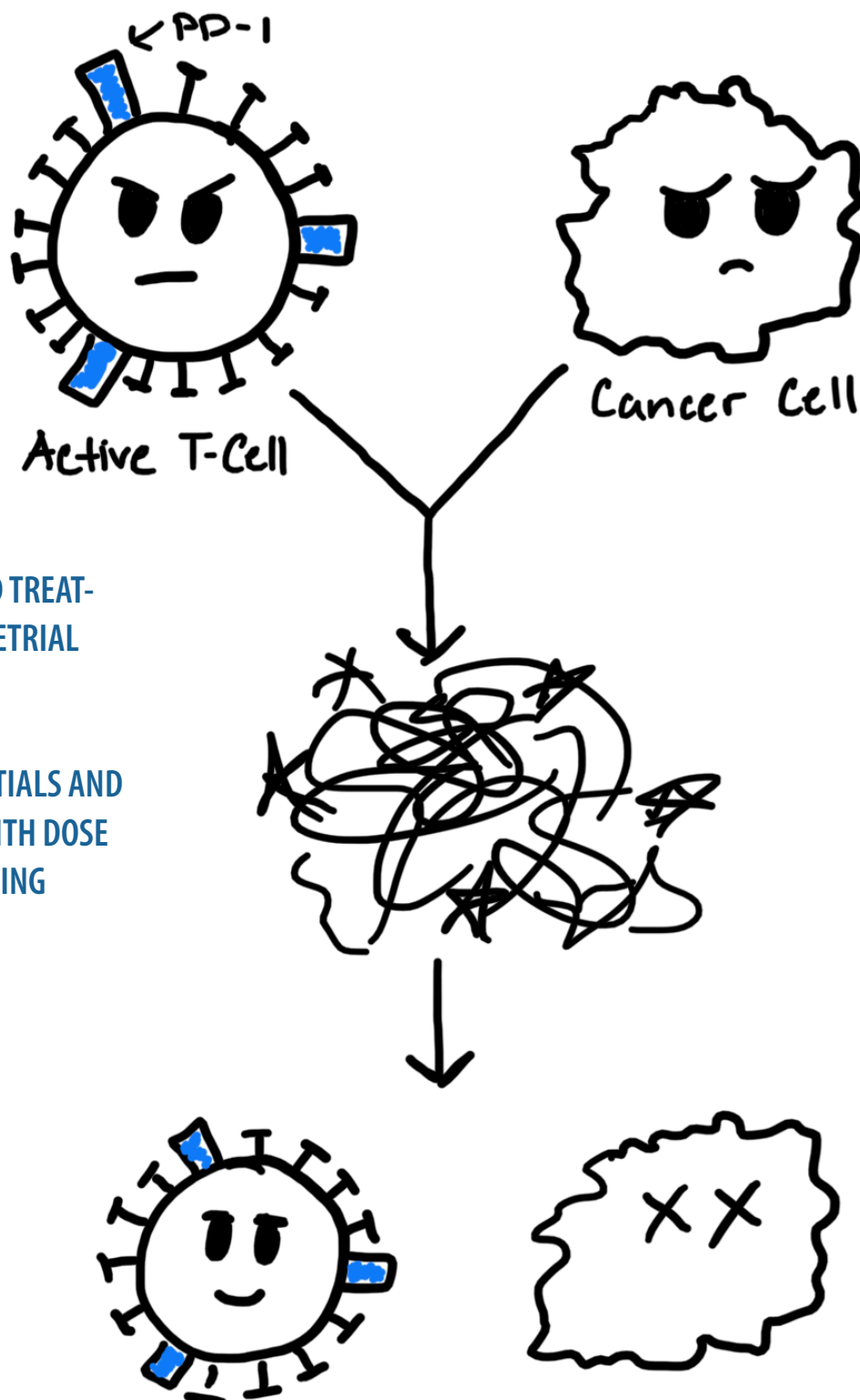


OPTA Review

THE MONTHLY NEWSLETTER OF THE ONCOLOGY PHARMACY TECHNICIAN ASSOCIATION | FEBRUARY 2022



DRUG UPDATE: FDA APPROVED TREATMENT FOR ADVANCED ENDOMETRIAL CANCER

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Drawing illustrated by Casey Eisinger of mechanism of action of pembrolizumab with no PD-L1 (see page 4 for complete illustration)

WELCOME

OPTA'S MISSION STATEMENT AND OPTA'S PRIMARY GOALS



Mission Statement

Our Mission is to strengthen and empower oncology pharmacy technicians in their increasingly vital role as part of the medically-integrated team by providing leadership and professional development opportunities to ensure better outcomes for patients.



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OPTA's Primary Goals

- Advance the value of oncology pharmacy technician
- Maximize members' professional development through training, collaboration and knowledge sharing of resources, tools, professional benchmarks, and other value-adds to OPTA members
- Advocate for oncology pharmacy technicians to be an influential voice for patient cancer care issues
- Collaborate with all oncology pharmacy technicians to influence and strengthen the safety, quality, and access to care for each cancer patient
- Create valuable networks among OPTA members

JANUARY OPTA MEETING RECAP

BY TARYN NEWSOME, CPhT
NCODA

WELCOME:

The first OPTA meeting of 2022 started with OPTA's mission and vision statements read by OPTA Leader Teri Roberts, CPhT from Arizona Oncology. Taryn Newsome, CPhT, OPTA Coordinator presented NCODA and OPTA updates. Newsome shared that season 2 of the PQI Podcast is now streaming with new episodes being released every Wednesday. You can listen to season 2 and catch up on season 1 by listening on Apple Podcasts, Spotify and at NCODA.org.

NCODA's bi-annual publication *Oncolytics Today* Spring 2022 issue is in full swing. Newsome launched a series of polling questions to the OPTA members to gather information on articles they may be interested in authoring or about any specific topic they would be interested in reading about.

Newsome then talked about NCODA 2022 Spring Forum. Spring Forum this year will take place on April 27-29th in Atlanta, Georgia.

OPTA will continue to provide valuable content specifically for oncology pharmacy technicians and another series of polling questions were launched to get ideas of what OPTA members would like to hear at Spring Forum.

January was Cervical Health Awareness month and for the drug update presentation, Casey Eisinger, PharmD Candidate Class of 2023 from UNC Eshelman School of Pharmacy gave an endometrial cancer overview along with presenting a combination drug therapy overview on lenvatinib and pembrolizumab. Read more about Casey's presentation on page 4.

DRUG UPDATE: SEE PAGE 4

TECHNICIAN IN FOCUS: SEE PAGE 3

SCAN QR CODE FOR
MORE INFORMATION



OPTAReview

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OPTALeaders

- Linda Grimsley, CPhT
- Christine Robinson, CPhT
- Emily Zimdars, CPhT
- Brandi Gudwien, CPhT
- Teri Roberts, CPhT
- Sara Eisenhart, CPhT

OPTA Opportunities

MEETING PRESENTATIONS

OPTA members are invited to participate in monthly meetings by providing:

- Drug Updates
- Peer Presentations
- Technician in Focus

OTHER OPPORTUNITIES

- NCODA National Monthly Webinar
- NCODA Conferences/ Meetings

FOR MORE INFORMATION

Contact:

- ginger.blackmon@ncoda.org
- taryn.newsone@ncoda.org

OPTA Resources

NCODA DISCUSSION BOARD

<https://www.ncoda.org/discussion/pharm-tech/>

BASECAMP DOCUMENT STORAGE

<https://3.basecamp.com/3780922/reports/progress>

NCODA/OPTA WEBSITE

<https://www.ncoda.org/oncology-pharmacy-technician-association-opta/>

OPTACE

IF YOU PARTICIPATED IN THE 2021 FALL SUMMIT, PLEASE USE LINK BELOW TO OBTAIN CE CREDITS

<https://www.pharmacytimes.org/pages/ncoda2021>

TECHNICIAN IN FOCUS

CHARLOTTE LAGRECA: OPTA MEMBER SPOTLIGHT FROM ARIZONA ONCOLOGY

Name: Charlotte LaGrecia, CPhT

Practice: Arizona Oncology

How can OPTA or NCODA help you and your practice? NCODA and OPTA

have helped a lot with different types of education. One example is learning about new oncolytics and new indications for our cancer patients.

Explain your current role at your practice: My current role at our practice consists of providing IV admixtures for our patients. I am currently the only technician for our Prescott location. So, I mix everything in the hood in Prescott Valley then transport the chemotherapy to our Prescott location.

What do you enjoy most about your current position? I am such a people person, and my patients are truly my favorite part of my position. Sometimes, even with the difficult part of saying goodbye, I enjoy learning about my patients and their lives outside of the chemo they receive.

What do your day-to-day responsibilities include?

My day starts off collecting the chemotherapy in Prescott Valley that I mixed the night before and mixing anything with a shorter shelf life that morning. I then travel the 16 miles to our Prescott office and store everything in order to be ready for admixture for when our patients come in. Our hood in Prescott isn't certified to mix chemo in so all must be done with the vent certifications in Prescott

Valley. As the day goes by, I prepare any pre-meds and push the chemotherapy when the patients arrive. I can connect with patients in between mixing and it is truly a joy, my favorite part of the day. I get my order ready, drug ordered, and travel back to Prescott Valley to mix for the next day just to start all over again.

Do you assume any specialized duties/responsibilities from time-to-time? I do get to work with Teri on Fridays—training and helping with MID. When our offices are combined with our new building, I am hoping to remain with Teri as one of her MID technicians.

Do you have any “best-practices” that you use at your practice that you would like to share with OPTA members? I'm a neat freak! Haha!! And customer service is a must for day to day. Along those

lines comes patient safety and an all-around passion for the people I work with and the patients I get to build a relationship with.

What advice do you have for technicians who are new to oncology/hematology field? Buckle Up Buttercup!! There will be highs and lows with getting to know your patients. However, I can tell you that you won't meet someone as amazing as your patients. It seems that when there is a life expectancy put out there, people realize that it's easier to be kinder than the other way around. So, enjoy your coworkers, patients, and doctors. They become a big part of your family. And lean on them to help with the good and the sad.



Charlotte LaGrecia



New OPTA Sponsor



Thank you for your support of OPTA!



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NEXT OPTA MEETINGS:

**3 p.m. EST, Wednesday,
February 9th, 2022**

&

**3 p.m. EST, Wednesday
March 9th, 2022**

Members will receive
a calendar invitation

LENVATINIB & PEMBROLIZUMAB: COMBINATION THERAPY TO HELP FIGHT ADVANCED ENDOMETRIAL CANCER

BY CASEY EISINGER

DOCTOR OF PHARMACY, CLASS OF 2023
UNC ESHELMAN SCHOOL OF PHARMACY

A new oncology combination regimen, pembrolizumab with lenvatinib, has recently been approved for the treatment of endometrial carcinoma and advanced renal cell carcinoma (RCC).¹ This regimen is used for endometrial carcinoma patients who do not have mismatch repair deficient/ microsatellite instability high tumors.³ These patients must also have undergone a previous regimen that is no longer effective for them or cannot be cured by surgery or radiation.³ This combination is used in RCC if the cancer has metastasized or cannot be surgically removed.²

To prepare pembrolizumab, dilute in NS or D5W to a final concentration of 1-10 mg/mL. When mixing, do not shake and include a 0.2-5-micron add-on/in-line filter for administration. This preparation can be stored for up to 6 hours once pem-

brolizumab is mixed into the diluent, this includes the infusion time of 30 minutes for administration. Dosing options for this medication include 200 mg every 3 weeks or 400 mg every 6 weeks, depending on physician discretion.^{2,3}



Lenvatinib is a capsule stored at room temperature that comes in strengths of 4 mg and 10 mg. The treatment dose is 20 mg by mouth daily; however, this dose may be decreased depending on side effects or renal insufficiency.^{2,3} These capsules may be taken without regard to food or dissolved in water for administration. Adherence to oral chemotherapy regimens is extremely important for optimal patient outcomes.

This combination regimen has potential side effects associated that can be found in the package insert.¹ There are no absolute contraindications; however, both agents cause embryo-fetal toxicity so this combination should be avoided in pregnant

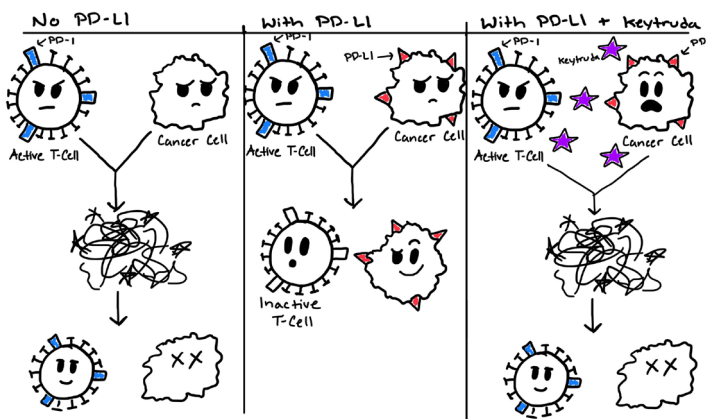
women.

Financial assistance for these medications is provided through the manufacturers for each medication.¹ Pembrolizumab support is offered through Merck and lenvatinib assistance can be obtained through Eisai.

REFERENCES:

1. "Choose Keytruda + Lenvima." KEYTRUDA® (pembrolizumab) and LENVIMA® (lenvatinib) | Official Site. Web. 10 Jan. 2022.
2. ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000 Feb 29. Identifier NCT02811861, Lenvatinib/Everolimus or Lenvatinib/Pembrolizumab Versus Sunitinib Alone as Treatment of Advanced Renal Cell Carcinoma (CLEAR); 23 Jun. 2016. Available: <https://clinicaltrials.gov/ct2/show/record/NCT02811861?view=record>
3. ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000 Feb 29. Identifier NCT03517449, Lenvatinib in Combination with Pembrolizumab versus Treatment of Physician's Choice in Participants with Advanced Endometrial Cancer (MK-3475-775/E7080-G000-309 per Merck Standard Convention [keynote-775]); 17 Nov. 2021.

Mechanism of Action: pembrolizumab

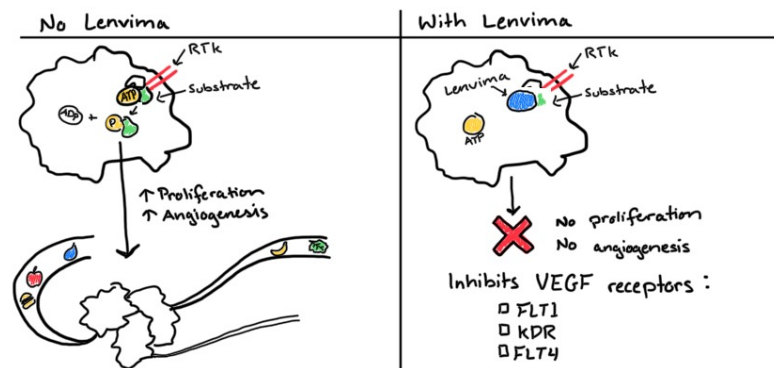


Left panel: In normal physiology T-cells are able to use PD-1 on their surface to identify and target cancer cells for destruction

Middle panel: If cancer cells are PD-L1 positive they can inhibit and "turn off" T-cells by binding PD-1; therefore preventing cancer cell destruction

Right panel: Pembrolizumab binds PD-1 to prevent PD-L1 on cancer cells

Mechanism of Action: lenvatinib



Left panel: Tyrosine kinase receptors are normally activated to promote cell nutrition, growth, and proliferation. Cancer cells can take advantage of this pathway to promote tumor growth.

Right panel: Lenvatinib inhibits the tyrosine kinase pathway and prevents cell growth and nutrition to slow and stop cancer growth.

Drawings by Casey Eisinger

HOT TOPIC

INVENTORY ESSENTIALS: DOSE ADJUSTMENTS, MEDICATION PACKAGING, RETURNS & AUDITS

BY Taryn Newsome, CPhT
NCODA

Sharita Howe, PharmD and pharmacy manager at Virginia Cancer Institute began the hot topic discussion on inventory essentials by providing OPTA members a set of important questions on how to navigate dose adjustments prescriptions and medication packaging:

1) Is the dose reduction appropriate?

For example- INLYTA® 5mg QD vs. 3mg BID

2) Can the prescription be billed /approved for a higher day supply?

-If a medication is for 30-day supply and dose reducing in half, try billing for 60 days

-Plan Limitations-try calling insurances company for day supply override, quantity limit override to be able to dispense medication in original packaging container

3) Are there samples/vouchers available for first fill (if titration or assessing for tolerability)?

-For patient who have an issue or for

tolerability issues

- Make sure you are documenting when patient received sample in your pharmacy system for symptom check and compliance

4) Does the bottle have a specific wording: "Must be dispensed in original container"?

-Do 'due diligence' on the front end

-Account for any extra day supply within reason

-Document! Document! Document!

5) Consult with auditing assistance team if needed

-PAAS National or check with GPO/PSAO

Return Solutions and Match Rx-

Using companies such as Return Solutions and Match Rx are another alternative solution to unused or expired medication. Return Solutions only accepts expired drugs while Match Rx is used for usable and resaleable medications. It's also important that you and your pharmacy team work together and to communicate with one another regarding product re-

turns and unused medication in your inventory. Having a good set of policies and procedures ensures that your pharmacy stays organized and maintains pharmacy compliance guidelines.

Beware of 'messy'/inconsistent fixes-

- Discard remainder directions

- Billing for different directions than how the patient is to take it

- As systems become integrated, and 3rd parties become savvy, may run into issues in the future

- Board of Pharmacy regulations (for those governed under the Board of Pharmacy)

- Patient protections

STIVARGA®

- Contact your Key Account Manager, ask for return instructions on STIVARGA® (policy also includes NUBEQA®)

- Medication is sent back to FEDEX Supply Chain

- Provide identifying information including wholesaler and account information. Payment given as credit memo



2022 NCODA Spring Forum

Registration Opens First Week In March

**The Dynamic World of Oncology:
The Medically Integrated Practice and NCODA Partnering for Patient Success**

Atlanta, GA | April 27-29 | Marriott Marquis